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APPLICANTS

Dmitry Oleynikov, Omaha, NE;

Shane Farritor, Omaha, NE;
Adnan Hadzialic, Lincoln, NE; Stephen R. Platt, Lincoln, NE;

* CONTINUING DATA *****None

* FOREIGN APPLICATIONS *****None

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Reviewed and Acknowledged Examiner's Signature _____ Initials <u>SP</u>	NE	20	24	3

ADDRESS
Moser, Patterson & Sheridan, LLP
Suite 1500
1040 Post Oak Blvd.
Houston, TX
77056-6582

TITLE
Microrobot for surgical applications

FILING FEE RECEIVED 476	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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